

Wolverine Strength and Conditioning Form

Information in **red** is required

Child's Name _____ **Gender** M or F **DOB** ___/___/___ **Age** _____
Grade _____
Address _____ **City** _____ **Zip** _____
Phone # _____

Father _____ **Work Phone #** _____
Additional Phone # _____

Mother _____ **Work Phone #** _____
Additional Phone # _____

In case of emergency and parents cannot be reached, contact:

Name _____ **Phone #** _____

Others Authorized to Pick Up Child (Released to those listed w/ D.L.# or picture ID ONLY)

Name _____ **Phone#** _____

Name _____ **Phone#** _____

Please list any pertinent information regarding your child's health (physical or psychological)

Does your child have any medical conditions that need to be brought to our attention? _____

Is your child taking any medication(s)? If so, what? _____

For what purpose? _____

Signature of Parent/Guardian _____ **Date** _____

*Make checks payable to **Westview Foundation**. Registration Forms should be turned into Coach Felton's office (A14) no later than Nov. 30th 2009.